

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010274

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

75

Primary Registration District No.

3015

Registrar's No.

32

FILED APR 12 1962

VS 300
Rev. 4/59

10251

20251

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99731

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1270-3

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		c. CITY OR TOWN Cameron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114 E Cornhill		d. STREET ADDRESS (If outside, give location) 114 E Cornhill	
3. NAME OF DECEASED (Type or print) Deborah Irene Nelson		4. DATE OF DEATH Month 3 Day 30 Year 62	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-29-1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Cameron Mo.
13a. FATHER'S NAME James Martin		13b. MOTHER'S MAIDEN NAME Grace Whitaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carbon Monoxide Gas DUE TO (c) _____		17. INFORMANT Dale Nelson Address Cameron Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Placed hose in exhaust pipe of auto & in to enclosed auto	
20c. TIME OF INJURY Hour 9:30 a.m. Mar. 30 1962	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Cameron		
21. I attended the deceased from _____, to _____, and last saw her alive on _____.		21. I attended the deceased from _____, to _____, and last saw him alive on _____.	
22a. SIGNATURE James W. Anderson		22b. ADDRESS Cameron Mo.	
22c. DATE SIGNED 2-31-62		22d. LOCATION (City, town, or county) (State) Cameron Mo.	
23a. NAME OF CEMETERY OR CREMATORY Cameron Memorial Cemetery		23b. DATE RECD. BY LOCAL REG. Mar 2 1962	
23c. DATE 4-2-62		23d. REGISTRAR'S SIGNATURE Francis D. Crawford	
24. FUNERAL DIRECTOR Poland Funeral Home		25. DATE RECD. BY LOCAL REG. Mar 2 1962	
26. ADDRESS Cameron Mo.		26. REGISTRAR'S SIGNATURE Francis D. Crawford	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.